PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where

appropriate. All further indicated unless correct maintenance fee notifica	ed below or directed of	ng the nerwise	Patent, advance o in Block I, by (rders and notification a) specifying a new c	of n	naintenance fees w pondence address;	ill be r and/or	nailed to the current (b) indicating a sepa	correspondence address as trate "FEE ADDRESS" for	
CURRENT GORRESPONDENCE ADDRESS (Note: Use Block i for any change of address)						c) Transmittal This	e cartifi	icata cannot he üced t	r domestic mailings of the or any other accompanying nt or formal drawing, must	
THOMAS, KAYDEN, HORSTEMEYER & RISLEY, LLP 600 GALLERIA PARKWAY, S.E. STE 1500						papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
ATLANTA, GA 30339-5994						(Depositor's name)				
						(Signature)				
					<u> </u>				(Date)	
APPLICATION NO.	NO. FILING DATE			FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.		
10/764,988 TITLE OF INVENTION	01/26/2004 : SECURE PIN MANA	GEMEI	NT	Robert Ziegler				320107.1060	6786	
APPLN. TYPE	SMALL ENTITY	IS	SUE FEE DUE	PUBLICATION FEE D	UE	PREV. PAID ISSUÉ	FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	YES		\$300		\$0	•	\$1055	03/16/2009	
EXAMINER		ART UNIT		CLASS-SUBCLASS						
PARTHASARATHY, PRAMILA			2436	713-184000						
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON PLEASE NOTE: Unless an assignee is identified below, no assignee				(1) the names of u or agents OR, alter (2) the name of a s registered attorney 2 registered patent listed, no name wil	of a single firm (having as a member a price of up to atent attorneys or agents. If no name is e will be printed.					
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed frecordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)										
Accullink	Atlanta,	GA	•			·				
Please check the appropr	iate assignee category or	catego	ries (will not be pr	inted on the patent):		Individual 🖾 Co	rporatio	on or other private gro	oup entity Government	
Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies				b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 0-0686 (enclose an extra copy of this form).						
a. Applicant claim	tus (from status indicated s SMALL ENTITY statu	s. See 3	37 CFR 1.27.		_			TTY status. See 37 CF		
NOTE: The Issue Fee an nterest as shown by the I	d Publication Fee (if requeecords of the United Sta	ured) w tes Pate	vill not be accepted int and Frademark	1 from anyone other th Office.	an th	e applicant; a regis	tered a	ttorney or agent; or th	e assignee or other party in	
Authorized Signature	-Smk	k	da Q		•	Date Marcl	h 13	, 2009		
	Jon E. Holl					Registration No				
his collection of information Confident	ation is required by 37 C	FR 1.3	11. The information	n is required to obtain	or re	tain a benefit by the	e publi	c which is to file (and to complete, includin	by the USPTO to process) g gathering, preparing, and	

an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 initiates to complete, including gautering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.